

**APPLICATION FOR NEW
COMMERCIAL BUSINESS LICENSE**

CITY OF BOUNTIFUL
790 South 100 East - P. O. Box 369
Bountiful, UT 84011-0369
Phone: 298-6190

FOR OFFICE USE ONLY:

Date Rec'd _____ Receipt No. _____

Approved by _____

Calendar Year _____ License No. _____

**Please Complete All Items - Incomplete Forms Will
Be Returned Without Being Processed**

License Fee: \$50.00

1. NAME OF BUSINESS _____

(Provide proof that name is registered with the State of Utah) (If corporation, list principal officers on reverse side)

2. Utah State Sales Tax No. _____ **Federal Tax No.** _____ **State License #** _____

3. Bountiful Business Address _____ **Telephone No.** _____

Mailing Address (if different than Business Address) _____

City & State _____ Zip Code _____

Type of Business _____

(Be specific - Use reverse side if necessary)

If business consists of rentals, including multi-family and commercial, please list all rental addresses on reverse side.

3. OWNER'S NAME AND HOME ADDRESS

Name _____ Name _____

Street _____ Street _____

City & State _____ City & State _____

Zip Code _____ Telephone No. _____ Zip Code _____ Telephone No. _____

4. MANAGER'S NAME _____ **Telephone No.** _____

5. PLEASE FURNISH NAME AND TELEPHONE NUMBER OF PERSON (OTHER THAN MANAGER) WHO MAY BE CONTACTED BY THE CITY AFTER HOURS IN CASE OF FIRE OR POLICE EMERGENCY AT YOUR BUSINESS.

Name _____ Home Telephone No. _____

6. I DECLARE THAT THE INFORMATION SET FORTH HEREIN (or attached) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT _____ Date _____

This Commercial Business License expires on December 31st of the year issued.